

Animals for experimental or demonstration use would have to be bred en masse on the very premises of the medical institutions, an entirely impracticable procedure. "Domestic animals" are not defined, nor is an "approved method" of destroying them. The way is opened wide for persecution through constant inquisition.

Section 10, in particular, besides being ambiguous, is so all-inclusive as entirely to prevent scientific research involving the use of animals and thus cripple innumerable life-saving activities in California.

Untold benefits have come through animal experimentation. It is responsible for Lister's development of anti-septic surgery. Without it there would be no present-day control of diphtheria, smallpox, syphilis, and diabetes, to name but a few diseases which once scourged mankind. Advances constantly being made in protecting the public health, testing of life-giving serums, standardization of drugs, safeguarding of canned and other foods, and the evaluation of an adequate diet—all would suffer a severe set-back if this legislation were to pass.

The act would handicap California manufacture of serums for treatment of anthrax, blackleg, Bang's disease, and other ailments of cattle; brain disease and tetanus in horses; distemper, blacktongue, "yellows," and nutritional disorders in dogs; hog cholera and other diseases of swine; anthrax, doxy mouth, and other ills of sheep, and innumerable diseases of poultry such as pox, cholera, coccidiosis, and flukes.

The mis-named "Humane Pound" act is an intelligence test for the people of California. Foremost educators, professional and lay men and women, and scores of scientific societies urge its defeat. Any doubt that it is an antivivisection measure is dispelled by the fact that the officers of the "California Citizens Committee for State Humane Pound Legislation" and those of the "California State Antivivisection Society" are one and the same!

Vote against the "Humane Pound" proposal. If you do not kill this measure it may kill you.

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## THE NATIONAL CANCER INSTITUTE ACT\*

The anticancer movement in all its converging trends—toward education of the public and of physicians, toward improvement and expansion of clinical cancer service, and toward continuous research—resulted last August in the passage by the Congress of the National Cancer Institute Act upon the provisions of which I shall make some explanatory remarks and comments. The character of the act and the circumstances of its passage are, I believe, unique and illustrate how well prepared the ground is for well considered anticancer legislative action. The purpose of the act is to provide for and to foster the continuous study of the cause, the prevention, the diagnosis and treatment of cancer. "With a view to the development and prompt use of the most effective methods of prevention, diagnosis and treatment of cancer there is hereby established in the Public Health Service a division, which shall be known as the National Cancer Institute." In every provision of the act it is stated clearly that the purpose is to further the study of the causes of cancer and the application of useful knowledge, old and new, to the prevention, diagnosis and treatment of cancer. In other words, the act provides for cancer research, clinical and experimental, as well as for the advancement of clinical cancer service. In support of this comment I read practically without change Section 2 of the Act:

The Surgeon General of the Public Health Service is directed, in coöperation with the National Advisory Cancer Council:

(a) To conduct, assist, and foster researches, investigations, experiments, and studies relating to the cause, prevention, and methods of diagnosis and treatment of cancer;

(b) To promote the coördination of researches conducted by the National Cancer Institute and similar researches conducted by other agencies, organizations, and individuals;

(c) To procure, use, and lend radium as hereinafter provided;

(d) To provide training and instruction in technical matters relating to the diagnosis and treatment of cancer;

(e) To provide fellowships from funds appropriated or donated for such purpose;

(f) To secure for the Institute consultation services and advice of cancer experts from the United States and abroad, and to coöperate with state health agencies in the prevention, control, and eradication of cancer.

At this point a brief explanation of the National Advisory Cancer Council is in order: The purpose of this Council, which is an appointed body of six members with the Surgeon General as chairman, is to make recommendations to the Surgeon General with respect to carrying out the provisions of the act. Specifically, the Council is authorized to make recommendations in regard to cancer research projects submitted to it or initiated by it; to spread information about cancer studies "for the benefit of health agencies and organizations, physicians, or any other scientists, and for the information of the general public;" and "to review applications from any university, hospital, laboratory, or other institution, whether public or private, or from individuals, for grants-in-aid for research projects relating to cancer, and certify approval of projects deemed worthy of support."

The act provides \$750,000 for the building and equipment of the National Cancer Institute. This building will be ready for use in the latter half of 1939. It will be erected at Bethesda, Maryland, on ground donated by Mr. and Mrs. Luke I. Wilson, and where the new buildings of the National Institute are in process of construction. For the fiscal year ending June 30, 1938, \$400,000 was appropriated for the Cancer Institute, "of which \$200,000 shall be available for the purchase of radium." For the present fiscal year (1938-1939) \$400,000 has been appropriated for carrying out the purposes of the act, without any specific restrictions.

On the basis of this statement of the provisions of the act I shall not discuss briefly the steps taken to carry them into effect.

First, radium. As stated \$200,000 was available for radium during the past fiscal year. The act itself authorizes the purchase of radium from time to time and that it be available for carrying out its purposes; further that "for such consideration and subject to such conditions" as shall be prescribed, radium may be loaned to institutions in the United States "for the study of the cause, prevention, or methods of diagnosis or treatment of cancer, or for the treatment of cancer." While the complicated and difficult details connected with the distribution by loan of large quantities of radium have not yet been settled fully, actual purchase has been made and arrangements for loans are underway in coöperation with state health departments.

Second, training in technical matters relating to the diagnosis and treatment of cancer. Obviously the framers of the act were impressed with the needs of special cancer training because facilities may be provided for such training to proper persons and such persons or trainees may receive a per diem allowance not to exceed \$10 while in training. The existing facilities for systematic postgraduate training in clinical cancer work are inadequate but can be increased without much difficulty. A small number of acceptable cancer centers are prepared to accept trainees and a number of

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active and tentative appointments have been made. A graduate of an approved medical school, who has completed a year's internship in an approved hospital and who is not over forty years of age, may be eligible for training provided he intends to devote himself to the clinical diagnosis and treatment of cancer and can furnish reasonable assurances that opportunities for such work will be available when he finishes his training. As a rule stipends for training will not be awarded for continuation of the applicant in the position he is holding at the time he makes his application. Only in exceptional cases will training be provided for a period of less than a year. In most cases at least two to three years of training are necessarily contingent upon the applicant being personally acceptable to the approved institution where training is to be received.

Third, fellowships in cancer research. The act authorizes research fellowships "with such stipends or allowances" as may be deemed "necessary to procure the assistance of the most brilliant and promising fellows from the United States or abroad." There can be no question but that fellowships with reasonable stipends are highly important in developing first-rate men to study cancer, which is the great need of cancer research at this time. With this objective in mind several fellows have been appointed for work on various phases of experimental and human cancer—biochemistry, carcinogenesis, genetics, pulmonary cancer, pathology. It is recognized that appointees should be first-rate men and women with promises of productive scholarship and careers of significance. The possible fate of every candidate for fellowship must be considered with special care.

Actions by the National Advisory Cancer Council. When the Cancer Act went into effect the cancer research in progress in the National Institute of Health and at Harvard Medical College under the auspices of the Public Health Service was transferred to the National Cancer Institute which was placed under the direction of Dr. Carl Voegtlin. The Council has considered and approved this general program and also additional projects dealing with pulmonary cancer and with cancer statistics and incidence. The study of the incidence of cancer in different places is yielding significant results.

The Council is charged with the duty of passing upon applications for grants-in-aid for research projects relating to cancer. So far the Council has considered seventy-seven applications, of which sixteen have been approved; amount \$125,002.50.

The largest project of research as well as clinical nature to engage the consideration of the Council so far concerns the establishment of a cancer unit in the Marine Hospital at Baltimore. The regular beneficiaries of the Public Health Service east of the Mississippi River, the medical care of which falls upon the Service, number approximately 170,000. Of these some 40,000 are in the cancer age and consequently some 4,000 cases of cancer will require treatment in the course of the next twenty-five to thirty years. After thorough consideration the Council approved in principle plans for a complete cancer unit with clinical, research and teaching functions.

The Cancer Act directs that there shall be "coöperation with state health agencies in the prevention, control, and eradication of cancer," and steps have been taken to carry that provision into effect.

July 30, 1938.

### **CALIFORNIA MEDICAL ASSOCIATION MEDICAL SERVICE PLAN\***

The California Medical Association's announcement of November 14, 1938, as authorized by the Council at its meeting of October 12, is as follows:

Dr. W. W. Roblee, of Riverside, President of the California Medical Association, with a membership of 6,000

\* See also editorial comment on page 425; and official and other notices in California Medical Association department, on pages 472 and 478.

physicians, made an important and interesting announcement today.

"The Council of the Association," said Doctor Roblee, "at its meeting in San Francisco today, directed its Committee on Medical Service to put into final form a plan by which medical and hospital service will be furnished to citizens of California and their dependents on a monthly payment basis.

"The plan will be operated by the California Medical Association or its representatives and will provide the services of all licensed doctors of medicine in the State who are willing to abide by the rules and regulations necessary to operate the plan.

"The subscribers will have free choice of physicians in this group and also of hospitals for it is contemplated to use the facilities of the three large hospital service associations which have pioneered hospital service plans in California, Insurance Association of Approved Hospitals in the Bay Region, the Intercoast Hospitalization Insurance Association in the Sacramento Valley and the Associated Hospital Service of Southern California in Los Angeles and other southern counties.

"The Council has called a special meeting of the House of Delegates of the Association to meet in Los Angeles on December 17 to approve the final plans which will speedily be put into operation after their approval."

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### **Press clippings concerning the announcement follow: City Health Service Based on State Plan**

#### ***California Association Prepares Details of Medical Insurance Program***

San Francisco's Health Service System, with six successful weeks behind it, has been much of the inspiration of the state-wide plans now being formulated by the California Medical Association, it was revealed here today.

"The suggestions offered by the Medical Association are basically identified to our plan," Jesse B. Cameron, Secretary of the Health Service Board, said.

"The proposed rules of the medical society have agreed to give power, as we have, to a medical director with rules and regulations for the benefit of the system," Mr. Cameron said.

A warning against permitting history to repeat the experience of the state compensation was sounded by the health service secretary.

"A good law was neglected by the physicians. They held back and neglected to interest themselves so the state and private insurance covered the patient. Thus the patient failed to get the choice of his own physician. Under our plan that privilege is granted," Mr. Cameron said.

Meanwhile, the state association's committee on medical service wrestled with preparation of the state-wide health insurance program for submission to the Association's House of Delegates December 17.

Dr. Karl L. Schaupp, President of the Association's Executive Council, said a list of volunteer doctors would be drawn up and that subscribers to the plan would have their choice from this list. No doctor, he added, will be required to take more patients than he can serve efficiently.

"We shall have to formulate some basic scale of pay for these practitioners," Doctor Schaupp continued. "There are also the problems of fixing a monthly charge for complete medical and hospital care and an additional fee for dependents."

Doctor Schaupp denied the Association was forced to take the step by the threat of "socialized medicine" by the Federal Government.

Formulation of the statewide plan is in the hands of Drs. Charles Dukes of Oakland, T. Henshaw Kelly of San Francisco, and Lowell Goin of Los Angeles, assisted by Howard Hassard and Hartley F. Peart of the Association's legal staff.—San Francisco News, November 15, 1938.

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#### **Cutting Medical Costs**

Threatened with medical regimentation by the Federal Government the California Medical Association is proposing a form of socialized medicine to be set up by the doctors themselves. It would be similar in some respects to the hospitalization insurance being taken out by many citizens on a small monthly fee basis.

The proposed plan is to be presented to the House of Delegates of the State Association at a meeting in Los Angeles next month. It was explained to Sacramento medical men last night.